

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>7/19/02</u>		2 Serial/Patent # <u>09/551,187</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/>	Filing	8	2/27/02	\$ 740.00							
<input checked="" type="checkbox"/>	Amendment	8	2/27/02	\$ 90.00							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition	6	2/27/02	\$ 1,280.00							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
			7 TOTAL AMOUNT OF REFUND	\$ 2,110.00							
			8 TO BE REFUNDED BY:								
			Treasury Check								
			Credit Deposit A/C #:								
			9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> </tr> </table>		1	0	--	0	2	2	3
1	0	--	0	2	2	3					
10 REASON:											
<input type="checkbox"/>	Overpayment										
<input type="checkbox"/>	Duplicate Payment										
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	w/draw holding of abd. Dont need to revive. Can't file RCE request after non-final OA									
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>E. Shirene Willis</u>			TITLE: <u>Petitions Atty</u>								
SIGNATURE: <u>E. Shirene Willis</u>			PHONE: <u>308-6712</u>								
OFFICE: <u>Office of Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>			DATE: <u>7/23/02</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**